

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

Application or Docket Number

8/89224

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	39 minus 20 = *	19
INDEPENDENT CLAIMS	10 minus 3 = *	7
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	5	Minus	** 39	=
Independent	*	2	Minus	*** 10	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	FEE
	385.00
X\$11=	
X40=	
+130=	
TOTAL	

RATE	FEE
	970.00
X\$22=	418
X80=	520
+260=	
TOTAL	1888

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$11=	
X40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$22=	
X80=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$11=	
X40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$22=	
X80=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$11=	
X40=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$22=	
X80=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FROM: INTERNATIONAL DIVISION-DO/EO
CRYSTAL PLAZA 5, 1 LOBBY

08/232054

PLEASE PROCESS THE FOLLOWING CORRECTIONS:

FROM		TO	
FEE CODE	AMOUNT	FEE CODE	AMOUNT
960			
<u>961</u>	<u>511</u>	<u>957</u>	<u>357</u>
		<u>967</u>	<u>154</u>

OTHER:

THE ORIGINAL METHOD OF PAYMENT WAS:

☐

BY A CHECK

☐

BY A CHARGE TO DEPOSIT ACCOUNT NO.

DO/EO FEE CORRECTION SHEET

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: _____		2 Serial/Patent # <u>06/232054</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/>	Filing	1	06/11/94	\$ 37	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$ 37	
		8 TO BE REFUNDED BY:			
10 REASON:					
<input checked="" type="checkbox"/>	Overpayment	Treasury Check			
<input checked="" type="checkbox"/>	Duplicate Payment				
	No Fee Due (Explanation):	Credit Deposit A/C #: <u>16--2460</u>			
SMALL Entity					
11 REFUND REQUESTED BY: <u>V. WALLACE</u>					
TYPED/PRINTED NAME:			TITLE: <u>Paralegal</u>		
SIGNATURE: <u>V. Wallace</u>			PHONE: <u>353165</u>		
OFFICE: <u>Post</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: <u>Audrey Dwyer</u>			DATE: <u>10/24/94</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]**

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "**Other** _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME**, **TITLE**, **PHONE NUMBER**, **OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

COPIES:	WHITE:	<i>Attach to the official file.</i>
	YELLOW:	<i>Attach to the official file.</i>
	PINK:	<i>Retain for originating office.</i>

Mail or hand-carry the completed form with attachment(s) to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**